

SERIAL NO. FILING DATE **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. TOTAL IND. TOTAL IND. **—**1 TOTAL DEP. TOTAL TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

18.

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